

THOMAS SZASZ SPEAKS (PART 1 OF 2)

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In 1961 maverick psychiatrist and libertarian Professor Thomas Szasz published his controversial and influential epic, *The Myth of Mental Illness*. In it he argued that mental illness is a fiction and a medical metaphor. Half a century later he maintains we live in a therapeutic state—a 'pharmacocracy' where psychiatry is synonymous with coercion. On the eve of his 89th birthday he joins Natasha Mitchell in conversation over two weeks about his contentious legacy.

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Natasha Mitchell: Would you describe yourself as an anti-psychiatrist?

Thomas Szasz: Of course not, anti-psychiatrist it sounds like anti-Semite or anti-Christian or even anti-religion, I'm not anti-religion I just don't believe in it. Anybody who wants to have their religions—fine; anybody who wants to go to a psychiatrist—fine; anybody who wants to take psychiatric drugs is fine with me. That's why anti-psychiatry is completely inaccurate and I am no more anti-psychiatry than pro-psychiatry, I am for freedom and responsibility, responsibility comes first, people ought to be responsible for themselves and if they are not they should reap the consequences of it. I don't necessarily mean that we should be sadistic to them or punish them, but they should suffer the consequences. If a person becomes addicted to drugs he should suffer the consequences of that drug, because nobody made him take the drug.

Natasha Mitchell: *All in the Mind* on Radio National. I'm Natasha Mitchell, thanks for tuning in. It was 1961 when a book called *The Myth of Mental Illness* sent sparks flying throughout the world, especially in the large community of people diagnosed with mental illnesses and the psychiatrists treating them.

Nearly 50 years later the author of that book joins me in conversation over the next two shows on the eve of his 89th birthday. He's a contentious figure: Hungarian born and New York based psychiatrist and libertarian, Emeritus Professor Thomas Szasz has strong ideas that will offend some, engage others, and is the sort of guest that will definitely make you talk out loud at the radio as you're listening. I had about 20 comeback questions for every one of his answers, so you will too.

Professor Szasz has, though, provoked many ethical and legal debates over complex issues like the role of psychiatrists, over the classification and diagnosis of mental illnesses, the insanity defence, drug legalisation, involuntary hospitalisation and treatment, human rights, patient assisted suicide. So much so that even his critics acknowledge his huge legacy with comments like these. 'Szasz has done singular service to psychiatry in asserting the rights of patients and fighting abuses perpetrated in the name of treatment.' Or this one: 'More than anyone else, Szasz has stirred interest in law and psychiatry.' Those comments from a heated collection of essays called *Szasz Under Fire: the Psychiatric abolitionist faces his critics*. And in a third show we'll have discussants to reflect on Thomas Szasz's controversial legacy and we really invite your comments too on this one via the *All in the Mind* website or on the blog, but today a sitting with Thomas Szasz himself.

Well Thomas Szasz thanks for joining me on ABC Radio National.

Thomas Szasz: Thank you.

Natasha Mitchell: Look you were born in Budapest in 1920 but left Hungary, escaped Hungary with your family in World War 2 to migrate to the USA, and that was in 1938—you were 18. You suggest though that it was long before you entered medical school, even before you came to the USA that you came to view mental illnesses as non-diseases. So your ideas were formed very early on—I must ask what prompted you then to train as a doctor and as a psychiatrist?

Thomas Szasz: The essence is that I was very interested in medicine and hard sciences from a very early, relatively early, age, and educational system in Budapest at that time was very, very good. So I had a very good education in chemistry, physics, mathematics and the humanities also. I lived in a very intellectual atmosphere and family and thanks to them I became an omnivorous reader and I very early understood what a disease is in a scientific modern sense. A disease is some kind of abnormality of the human body and that the mind is obviously semantically, linguistically, it is not a part of the human body. So there was the first question about mental illness.

The second one was that the most obvious thing about mental illness, about the psychiatric profession which distinguishes it from other specialities in medicine, that mental patients by and large if they are ill are locked up, they are prisoners, they are not patients, they can get into the hospital but they can't get out. Now this is still true of course. So I put two and two together and concluded that this is a social phenomenon which has nothing to do with medicine and of course there is lots of evidence for this in literature. I mean Chekhov, who himself was a doctor, has several stories, I mean the one that is most striking and I highly recommend to read, 'Ward 6', written around 1892, as a protagonist, as a psychiatrist, and described the place as a concentration camp.

Now of course growing up in Budapest they had a mental hospital there too, I read the newspapers, I heard stories from people and it was obvious that this was not a desirable place to be in because people were locked up. Really, end of story.

Natasha Mitchell: You say you went to medical school not because you wanted to practise medicine but because you wanted to know medicine. Is that the same for your decision to train as a psychiatrist?

Thomas Szasz: Not quite, I also realised way back in my teens that not all the things which is called psychiatry is locking people up. There was another kind of psychiatry which had developed actually not very long before I was born, called psychoanalysis. Now that was a form of counselling obviously. Two people, an analyst and a patient were talking to each other. The analyst was trying to help the patient, the patient lived at home, he paid the doctor just like any other professional. So actually I was interested in that aspect of 'psychiatry'.

Natasha Mitchell: And yet the American tradition of psychoanalysis that you encountered and trained in in the 1950s as a young man was very different from the European tradition of your youth wasn't it?

Thomas Szasz: It was not different, it was the opposite, it was completely medicalised. The analysts all believed that they were treating a mental illness. Now of course they had no criteria for a mental illness, they called other people mentally ill if they didn't like them, but that was not a problem because I kept my ideas to myself until I had some economic security. Because they still did a kind of psychoanalysis and this was still a skill, if you can call it that, it's an intimate confidential conversation and I was perfectly happy to learn that and to practise that actually for virtually my whole life, almost 50 years.

Natasha Mitchell: Well we'll come to your approach to psychotherapy a little later, but you've written of course countless books since. Let's remind people of perhaps your most famous, your most controversial, *The Myth of Mental Illness* which was published in 1961. You know *The Myth of Mental Illness* caused lots of consternation among the mental health professions when it was published—and still does to an extent, I have to say. In it you described mental illness as a fiction, as a metaphor, and psychiatry as a pseudo scientific racket. Let's unravel what you meant by mental illness as a metaphor.

Thomas Szasz: It's a metaphor in the same sense in which the term *mind* is a metaphor. There is no mind; it's a fiction, although we all think we have a mind. We think it's our mind that remembers, speaks, or thinks, or has feelings—but obviously there is no mind, this is linguistically problematic in virtually every language and especially problematic in English, where the mind, since the 1700s, functions as a noun. Originally there was no *mind* in English, only as a verb, like 'minding the store', and that's what I mean by metaphor. A verb is something that we do, it's not something which we have.

Natasha Mitchell: I mean you've called it a metaphor, you've also called it a fiction, a myth, on par with fiction such as a witch, a unicorn, a mermaid, a sphinx, a ghost even God. I mean you're flying in the face of the accepted understanding of an awful lot of smart people here, aren't you? Doctors, advocates, your colleagues.

Thomas Szasz: Not nearly as many as you imply. This is common sense—where is a mind? You can't see it, you can't measure it—then by scientific standards it doesn't exist.

Natasha Mitchell: Would you deny though that we have mental experiences that are difficult?

Thomas Szasz: No, no and I'm not trying to be difficult now or complicated. No, we don't have mental experiences, we have personal experiences which we put into the mind. See that is what the mind is, this mysterious store house into which we put things; this is really a philosophical issue and in philosophy it's not entirely novel.

Natasha Mitchell: Well you've argued certainly in *The Myth of Mental Illness* that strictly speaking that disease or illness can only affect the body; that thoughts and mood, unlike bile and urine, are not material things so there can be no such thing as a mental illness. Isn't this setting up a false dichotomy between the mind and the body when so many people would now argue that we've confirmed that behaviour, that the mind that drives behaviour is underpinned by a biological organ, the brain.

Thomas Szasz: That is correct, everything is underpinned by a biological organ, so is running, but if somebody runs well or poorly in terms of otherwise you're a physically normal person you don't attribute it to his legs, you attribute it to his person. It's very difficult to explain this because it is—to me it's obvious, the idea that we have a dichotomy within mind and body is because of the language which we have created, that we have a mind. Now mental illnesses, what are mental illnesses? Give me an example of a mental illness.

Natasha Mitchell: Well let's take a mental illness that you've described as the sacred symbol of psychiatry, schizophrenia.

Thomas Szasz: Well that would be the most difficult one to start with but let's start with a simpler one.

Natasha Mitchell: OK, what about depression?

Thomas Szasz: How is depression different from sadness? Depression is the personal feeling of feeling badly, feeling fatigued, feeling hopeless, helpless—it is in many ways a normal feeling of someone who is in a very bad life situation, who has suddenly lost his money or has suddenly become sick, or typically it's a feeling which (fortunately so far I'm OK) is typical of old people. You go into a nursing home and you look around and it's a depressing place, now what is depressing about it, everybody is depressed.

Natasha Mitchell: Well certainly there's been a push to describe depression as a mental illness, as a disease, especially prolonged, entrenched depression. You take to task the very concept of a mental disease.

Thomas Szasz: Correct, because if you go back for example to the classic descriptions of human behaviour, the best and oldest that we have—was Job depressed? Was Lady Macbeth depressed? That's what psychiatrists say now. She had good reason to feel badly, she was guilty of murder and she treated it by perhaps one of the commonest treatment of depression called suicide. Now people don't talk like this, you know this is taboo, you know suicide is a disease too.

Natasha Mitchell: Yes, to describe suicide as a self treatment or a treatment in effect is certainly difficult for people to hear.

Thomas Szasz: Why, it solves the problem. Why do people commit suicide, to get out of life, to get out of this problem.

Natasha Mitchell: Psychiatrist Emeritus Professor Thomas Szasz, author of the 1961 classic *The Myth of Mental Illness* is my guest on *All in the Mind* on the eve of his 89th birthday. You're with Radio National and Radio Australia, I'm Natasha Mitchell. This contentious point about suicide of course flies in the case of the careful efforts of suicide prevention strategies worldwide. It ties in with the primacy Professor Szasz places on individual liberty which we'll take up on the show with him next week and in this vein he is in fact against physician assisted suicide and was vocal against the decision to take Terry Schiavo off life support for example.

Certainly for the past 50 years, Thomas Szasz, you've argued that western societies have been transformed from a theocracy or a theological state to a democracy, and now you suggest that we're living in a state of a pharmocracy, or a therapeutic state. What do you mean by this idea of a therapeutic state that you've written much about?

Thomas Szasz: Well I mean in part the very language we are speaking, the very fact that we are discussing depression as a disease or, for that matter, school phobia, or fear of elevators, or schizophrenia.

Natasha Mitchell: Who are the keepers of the therapeutic state in your mind?

Thomas Szasz: Who were the keepers of the theocratic state? I mean the Pope had no armies, as Stalin said, why do people believe in the Pope? Because they consider him an authority if you are Catholic. Why do people believe in the Rabbinate in Israel—if they are Jewish they believe that they know how to live and you shouldn't eat pork and you shouldn't work on Saturday and so on. We believe these pseudo medical fictions. And by the way there are not too many physicians who avail themselves of the standard psychiatric treatments. I don't know of any physician who had a lobotomy, and there are very, very few physicians who ever submitted themselves voluntarily to electric shock treatment.

Natasha Mitchell: Difficult to quantify?

Thomas Szasz: No it's not difficult to quantify, I mean there are statistics, you can talk to people. This is well known that psychiatric treatments are for other people.

Natasha Mitchell: You have cast psychiatrists and physicians as in essence the high priests of what you call the therapeutic state.

Thomas Szasz: Well look in America there is a person who is called the surgeon general who a few years ago announced to the world that smoking is bad for you. Well I knew that smoking was bad for me when I was 5 years old, that's been known for 150 years. And speaking of metaphors, there are now books that describe, that discuss love sickness as a disease. Many of these people are now psychologists who are a kind of pseudo doctors. Now what is love sickness? When you say body and mind are separate, if you are heartbroken you don't have coronary heart disease, you don't have a heart attack, your heart is broken. Now everybody knows what that means.

People think that they live in their bodies. Now I submit to you—and this is not a new idea either—that in fact people live in their languages, and you learn this the hard way if you are an immigrant, because if you really want to become integrated in the society into which you have emigrated, you have to lose your old language. And anybody who listens to this knows that this is true and the only way to avoid it is by holding on to your old language—and those are the people who may be here for a generation, when they come at 25 and work, and at 60 or 70 they are still talking their old language.

Natasha Mitchell: And how does language relate to your critique of mental illness?

Thomas Szasz: That what we call mental illness—well you know what psychiatrists call schizophrenia, they call it a 'thought disorder' and they describe its primary symptom, what they call language salad, talking gibberish. That is a linguistic phenomenon. Imagine that you are a patient in a psychiatrist's office, a doctor's office, and you don't say anything, you are taken there by somebody who says

here is Joe, he is sick doctor, examine him. The doctor examines you and finds no bodily illness, now how do you define schizophrenia; you haven't opened your mouth yet.

Natasha Mitchell: But I guess people look for behavioural indicators according to a whole set of criteria.

Thomas Szasz: What was the word you just used?

Natasha Mitchell: Behavioural indicators.

Thomas Szasz: Well the key word is *behavioural*, that's why psychiatrists often call mental illness a behavioural disease. But behaviour is not a disease, it cannot be a disease, only the body can predicate disease.

Natasha Mitchell: This is difficult isn't it because disease is a fraught term even in medicine, it doesn't always correspond to a particular lesion or pathology. Disease is a much debated term in the medical professions.

Thomas Szasz: It's used in metaphoric ways also—well life is complicated, but the fact is if you are an average person and you decide you should have a check up, you know you're 55 and your family history is not so good and you decide to make an appointment with a good doctor. The chances are that you will be sent two or three weeks before the appointment to a laboratory where they will take four or five tubes of blood and all kinds of routine tests are done. Possibly you will be sent to a radiologist to have your chest X-ray taken. Only then will the doctor see you. Now what is he looking for? He's looking for whether you have tuberculosis, or do you have AIDS, or syphilis, or hypertension, diabetes and so on. He is examining your body, your body fluids. But this is not what psychiatrists do.

Natasha Mitchell: What do you see psychiatrists as doing?

Thomas Szasz: Well they do—and I actually wrote a book which perhaps you saw called *The Myth of Psychotherapy* in which I say that psychiatrists do one of three things: religion, rhetoric and repression. Now to explain that. Religion is first to psychiatrists dealing with human values, they tell people to cheer up, not to feel badly about this or that, they counsel them. That's also rhetoric, which is also a part of what religion is. Now rhetoric is a use of language to persuade people, that's the original classic Greek understanding of rhetoric. Now that term has become kind of degraded by talking about political rhetoric which is a kind of lying. RBut rhetoric is drama, theatre, films. Psychotherapy is rhetoric.

Now repression is the main thing which psychiatrists do. If two things happened, if two legal things happened tomorrow morning, psychiatry would disappear: involuntary mental hospitalisation and the insanity defence in all forms. Psychiatrists incarcerate and otherwise coerce people to do things they don't want to do, like being locked up or taking drugs, or being electric shocked, and/or they provide excuses to people who have done something bad and are in legal or personal trouble. Then they go to court or otherwise, make statements saying this person is mentally ill, is not responsible for what he has done.

Natasha Mitchell: I think many psychiatrists are highly dubious about the extent of social power, political power, personal power you suggest that they have. Let's come to one of your most, this most perhaps controversial area of criticism and that is the insanity defence in law, that people are in effect hospitalised instead of imprisoned if they successfully plead not guilty by reason of insanity. You take a very tough position here and certainly in early years you testified at a number of high profile trials on behalf of prosecutors, rebutting the plea of not guilty by reason of insanity. I mean why are you so concerned about the insanity defence, given that many people would consider it as a great humanising force in law?

Thomas Szasz: All right, let me explain that. Psychiatry being a part of the social fabric, clearly it is not some kind of a conspiracy against the public, it is part of the society that we live in, that we know. I am particularly focused on the insanity defence for cognitive, rhetorical scientific reasons, because it is perhaps the most important pillar, even more important than involuntary hospitalisation, because it is part and parcel of that; it is a link to the false concept of mental illness. Now here is a legal procedure, I am a great believer in principle, in the classic Anglo Saxon tradition of criminal law, or justice. Which is quite unique in the world, interculturally and it's unique historically, in that you have tremendous guarantees in Australia, in New Zealand in Canada, in America, in England that if you are not guilty of a crime which the prosecution can prove to a jury, then the chances of your being deprived of liberty is very, very small. You have a right to liberty, life, liberty and responsibility, so these are core concepts, civilisational concepts by which we live. Now you can prove that you are not guilty, but how do you prove that you don't have schizophrenia? You can't.

Natasha Mitchell: You see the insanity defence as a violation of the principles of the free society based on the rule of law.

Thomas Szasz: Absolutely.

Natasha Mitchell: Certainly it's been well argued that it's a recognition that some people aren't to be held criminally liable for breaking the law because of their mental state at the time of the act. That they were incapable of distinguishing right from wrong.

Thomas Szasz: Look, we could spend the whole interview on that because you just—your questions are wonderful Natasha, thank you—defined it that they are not responsible for the criminal act at the time of the offence. In a typical insanity defence let's assume a young man kills another young man on January 1st. On January 2nd he is caught, he sits in jail waiting for the system to grind on. The chances of it coming actually to a jury trial in less than eight or nine months is very, very small, but even if it's eight days for my

argument it doesn't make any difference. At which point before the trial he is examined by a psychiatrist who then determines that at the time of the trial, this is a so-called McNaughton Rule, but in point of fact a psychiatrist didn't see him at the time of the offence, only sees him eight days or eight months later.

Natasha Mitchell: What's your concern about that? Because certainly you've been much criticised in your expert testimonies that you didn't assess the suspect, you didn't assess in making your judgment, and in fact some people have accused you of medical incompetency and irresponsibility for making a statement about a patient or a person without examining them.

Thomas Szasz: Of course because this is heresy. Even the term psychiatric testimony is not correct because whenever I would testify—and I only testified for the prosecution in those cases and only a few very cases—I testified with the understanding that I don't examine the defendant because if a defendant is not a patient he doesn't become a patient until somebody calls him a patient. He is not sick and my testimony is to the effect that this is a job for the jury to decide whether he is guilty or not, not for a professional who doesn't know anything about what happened, who wasn't there, any more than the jury.

Natasha Mitchell: But do you accept that some people aren't necessarily mentally competent to have been aware of the consequences of their actions?

Thomas Szasz: Absolutely I accept it.

Natasha Mitchell: So isn't there a place for the insanity defence on that basis?

Thomas Szasz: No, there is a place for calling people demented or senile. Some old person—my God, if I live long enough this could happen, you know, I don't know who my daughter is—that's called incompetence. Incompetent people are par excellence incompetent to commit a complicated crime. Who is the most typical defendant, insanity defendant now in America? John Hinckley Jr, a young man who has been now cured of schizophrenia for something like 26 or 27 years, this is a young man who tried to shoot President Reagan and he managed to shoot Reagan and two other people within a few seconds. So this was a highly coordinated performance. I compare him to Toscanini, he was a genius at shooting people, he was not incompetent. He brought shame to his family, committed a great crime, he was pronounced insane against his will. He wrote a letter which he managed to get out to *Newsweek* magazine, which was published, in which he said I want to plead guilty. But by law he couldn't plead guilty, because you can't plead guilty to a capital offence in America because that's tantamount to committing suicide with the aid of the state. This is a legal game.

Natasha Mitchell: Thomas Szasz, your position is complex: on the one hand you've been held up by many anti-psychiatry or mental health activists as a figurehead of their movement, and yet many of your characterisations of people who have been diagnosed with serious mental illness are actually pretty tough. You blame individuals themselves for their unwell behaviours, you suggest that they need to, in your words, assume responsibility for their predicament and make a sincere attempt at helping themselves.

Thomas Szasz: Well that's absolutely correct. I don't hold them responsible for their behaviour except insofar as the behaviour is faulty according to their own selves—they don't assume responsibility for correcting it. My analogy for this is very much something like—take the predicament of an immigrant: an immigrant is not responsible for not speaking English when he gets here. Is he incompetent? No. Many such people have been found incompetent by psychiatrists because they don't speak the language and the psychiatrist gets confused and the patient is confused and he's locked up. These are classic stories. But let's just go further with this, there are innumerable analogies one could draw. So this person now is not living in a society in which his native language is spoken so he has a problem, right? Now what's his responsibility, does he have a responsibility to learn English or whatever the language is? Yes or no?

Natasha Mitchell: But I guess in response to this, you know psychiatrist Professor Ronald Pies has wondered in response to these arguments. He asked you this question: what if the young man rocking back and forth in a pool of his own urine, responding to voices from a CIA computer that are instructing him to kill himself, you know to bring this young man into hospital against his wishes is not to bully him but to begin the process of restoring humanity. And I wonder whether in blaming people for their circumstances—often very catastrophic circumstances and behaviours—that you're denying their suffering.

Thomas Szasz: Well it's impossible to answer this kind of question because it is based on a story which already validates psychiatry. Now where is this man who is rocking back and forth in his own urine? I've never seen such a person in more than 50 years of psychiatry—where is he, how did he get there, who is he and how does a psychiatrist know that he is talking to the CIA? There is only one way he could know that, that's by the patient telling him and the patient tells you that the CIA is talking to him; let's assume if someone told me that I would tell him, well congratulations, you are a very important person. That's not against the law.

Natasha Mitchell: In fact you've described the voices and hallucinations in schizophrenia as being a person's own voices, whose authorship they disown. Disowned self conversations or delusions of stubborn errors or lies that the patient is not interested in correcting. This is tough, you're quite tough in your assessment of people.

Thomas Szasz: You see you have recognised the correct core of my thought. People think that I am somehow soft on 'patients'. I'm neither soft nor hard, I treat them as human beings, just as if they were me, or my children, or my friends. I take them seriously. They

are not less human, and it's only in psychiatry—you see if you are an internist, a doctor, and you have a patient who has a broken hip, or diabetes or hypertension—he is fully human; he is no less human than you are, than the doctor is. Only in psychiatry do you have this pervasive paternalistic attitude which—the example you cited is a classic example, I mean it describes your patient as some kind of animal that has to be helped out of his misery. This is not right. Psychiatry is paternalistic because it treats other people as inferiors. Now this is not true basically in psychoanalysis.

Natasha Mitchell: Certainly psychoanalysis has been accused of its fair share of malpractices in relation to its patients.

Thomas Szasz: Absolutely. Malpractice is part of human life. There is no area of life in which you can't abuse a relationship, granted. Priests, psychoanalysts, I'm not holding them up, my only point about psychoanalysis was going to be: in the history of psychoanalysis the typical doctor/patient relationship—and this is going to be a point you've never heard before and probably will never hear again—the patient had more power, was of higher social class and had far more money than Freud had. In Freud's day, Freud was a poor Jewish medical practitioner in Vienna, virtually all his patients were of a much higher class than he and had much more money, much more social power.

Natasha Mitchell: And next week we take up this issue of social power and Thomas Szasz's libertarian philosophy. Also, why he doesn't believe in scientology, even though he's notorious for helping the church establish the Citizen's Commission on Human Rights in 1969, which has been vocal against psychiatry ever since. The week after that, the profession itself responds and yes, we want your thoughts too. Head to abc.net.au/rn/allinthemind. The email or the blog for your robust response is there, as is the audio and transcript of the show and the full archive. Our twitter name is All In the Mind. Thanks to producer Anita Barraud, studio engineer Tim Symons, I'm Natasha Mitchell, catch you next week.

Guests

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Publications

TitleSzasz Under Fire: The Psychiatric Abolitionist Faces His Critics

AuthorEdited by Jeffrey A Schaler

Publisher2004

DescriptionContributors include Thomas Szasz, R.R Kendell, K.W.M Fulford, Ray Scott
Percival, Ralph Slovenco, Stanton Peele, Rita J. Simon, E. James Lieberman,
Margaret A. Hagen, Margaret P. Battin and Ryan Spelley, Richard Bentall,
Ronald Pies, H. Tristam Engelhardt, Jr.

TitleThe Medicalization of Everyday Life - Selected Essays

AuthorThomas Szasz

PublisherSyracuse University Press, 2007

DescriptionISBN-13 978-0-8156-0867-7

TitleThe Myth of Mental Illness: Foundations of a Theory of Personal Conduct

AuthorThomas Szasz

Publisher1984 Harper Perennial (Revised edition), first published 1961.

TitleThe Myth of Mental Illness (original journal paper)

AuthorThomas S. Szasz

PublisherAmerican Psychologist, 15, 113-118. 1960

Homepage<http://psychclassics.yorku.ca/Szasz/myth.htm>

DescriptionThis became the basis of Thomas Szasz's book of the same title, published the year later.

TitleThe Myth of Psychotherapy

AuthorThomas Szasz

PublisherSyracuse University Press, 1988.

DescriptionISBN-10: 0815602235

TitlePsychiatry: The Science of Lies

AuthorThomas Szasz

PublisherSyracuse University Press, 2008

TitleCoercion As Cure: A Critical History of Psychiatry

Author Thomas S. Szasz

Publisher Transaction Publishers, 2007

Further Information

We welcome your comments on Professor Szasz's interview - join Natasha Mitchell in the All in the Mind blog

Your email address is not made public.

Mind and Mood on the ABC's Health and Wellbeing's Online gateway

All in the Mind on twitter

Email the program Have a go at posting your comments to the blog too, to share your thoughts with others. It's easy to do.

Credits

Presenter Natasha Mitchell

Producer Natasha Mitchell / Anita Barraud

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In 1961 maverick psychiatrist and libertarian Professor Thomas Szasz published his controversial and influential epic, *The Myth of Mental Illness*. Half a century later he maintains we live in a therapeutic state—a 'pharmacocracy'—and that psychiatry is a 'pseudoscientific racket'. On the eve of his 89th birthday he joins Natasha Mitchell in conversation. Next week, psychiatrists respond.

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EPISODE: [Thomas Szasz speaks \(Part 1 of 2\)](#) - In 1961 maverick psychiatrist and libertarian Professor Thomas Szasz published his controversial and influential epic, *The Myth of Mental Illness*.

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Thomas Szasz: That's why psychiatrists often call mental illness a behavioural disease. But behaviour is not a disease, it cannot be a disease, only the body can predicate disease. Psychiatrists do one of three things, religion, rhetoric and repression. In fact there are very few as far as I know physicians who avail themselves of the standard psychiatric treatments. I don't know of any physician who had a lobotomy and there a very, very few physicians who have ever submitted themselves voluntarily to electric shock treatment.

Natasha Mitchell: Psychiatrist Thomas Szasz, author of the classic and contentious book *The Myth of Mental Illness* published in 1961. Good to have you with All in the Mind this Easter long weekend on Radio National. I'm Natasha Mitchell and in last week's show Professor Szasz gave his characteristically powerful critique of the foundations of psychiatry which he calls a pseudo-scientific racket. But he goes further, much further - to argue that mental illness itself is a myth, a metaphor not a disease. Now this is highly sensitive territory as the extraordinary posts to the All in the Mind blog and email account this week indicate. Some compelling and robust responses from you there, keep them coming, and we'll try and weave them in to the program next week when two psychiatrists who research psychiatric ethics will respond.

Thomas Szasz is Emeritus Professor of Psychiatry at the State University of New York's Health Science Centre and he's prolific, you can't count his books on all your fingers and toes if you try. Titles like *Psychiatry: Coercion as Cure, Manufacturing Madness, Liberation by Oppression, Ideology and Insanity, The Myth of Psychotherapy* and, more recently, *The Medicalisation of Everyday Life*—among others. Now the last time Thomas Szasz was interviewed at length by the ABC was some 30 years ago, so let's jump briefly into the Tardis to revisit what he was saying then.

Archive excerpt (John Merson): *Indentification, this is New Society number 87, recorded on the 29th September, 1975. Good evening and welcome to New Society. I'm John Merson, with an interview with Dr Thomas Szasz, who's Professor of Psychiatry at New York State University...*

ABC journalist, ABC's PM program, 1982: ...A world renowned psychiatrist says psychiatric hospitals are prisons and the treatment given by psychiatrists he says is torture.

ABC journalist, ABC's PM program, 1977: ...professor of psychiatry at Syracuse University in New York claims with cheerful candour that conventional psychiatry is a gigantic hoax of criminal proportions.

Thomas Szasz: *In virtually all societies psychiatrists have the right to lock up people in hospitals; surgeons don't have the right to lock up a person. If a person with a fractured leg wants to leave the hospital with the fracture unhealed, the surgeon can't keep him but a psychiatrist can keep him. This is not the psychiatrist's fault as a human being individually; this is a fault of all of society and of the legislators, of the lawyers...*

ABC journalist, ABC's AM program, 1982: *But the patients who are in these hospitals it's claimed don't have the faculties to decide what is right and what is wrong, and what is good for them and what is bad for them. How do you come to grips with that?*

Thomas Szasz: *That's a wonderful self-serving statement. Liberty in America and in England is not contingent on mental health. The American constitution, I don't know about Australia, doesn't say that you only are entitled to liberty if psychiatrists agree that you are mentally healthy -- it doesn't say that anywhere in the constitution.*

Natasha Mitchell: Gems from the ABC archives when psychiatrist Thomas Szasz was last interviewed at length by the ABC, including this one from 1977 with my colleague Robyn Williams who, of course, you know from *The Science Show* both then and now.

Robyn Williams: *Hello, this is Broadband and I'm Robyn Williams. Tonight and earlier on this evening we were talking to Professor*

Thomas Szasz, as you may have heard in the first part of Broadband Dr Szasz disputes the whole notion of mental illness and says that schizophrenia for instance wouldn't exist without psychiatrists. He's written several books on this theme like *The Myth of Mental Illness* and *The Manufacture of Madness*. These are titles that speak for themselves. Well Dr Szasz do you dispute that the people who are in mental hospitals have something wrong with them—be it something biological or something mental?

Thomas Szasz: Well it depends what we mean by something wrong with them. I think most of the people who are in mental hospitals have nothing wrong with them that's demonstrably biological and what will be demonstrated 50 years from now I don't know and nobody else does. Most of the people who are in mental hospitals are there for some sort of personal, social, economic reasons; many of them are there because they are peculiar, eccentric, they are poor, nobody wants them—reasons of that sort.

Robyn Williams: If there's nothing biologically wrong with them that can be shown why is it that certain drugs work and work remarkably effectively?

Thomas Szasz: I find no difficulty in explaining that. Human behaviour whether normal or abnormal however we call it does not take place in a vacuum, obviously it is mediated by the way a person's body and brain work, and the fact that chemicals affect the brain in mental hospitals is no more mysterious than that beer and alcohol or other kinds of drinks affect normal people. They go home after a day's work, they feel tired and depressed and have a couple of drinks and then they feel better. It doesn't mean they were ill before. We can take all kinds of chemicals that affect our behaviour. That does not in any way prove that the previous state was a state of medical disease.

Robyn Williams: Certainly, but aren't you in some ways worried that if you're wrong, after all the books that you've written and all the statements you've made on radio programs like this, if you're wrong what about the harm you might be doing of the relationship between the patient and the doctor?

Thomas Szasz: Well everybody can be wrong and that certainly includes me but we want to be clear about what I am wrong about. I don't quite see how it can be wrong about my objection to involuntary psychiatric interventions because that's essentially a moral point of view. That's like saying slavery is wrong, or involuntary marriage is wrong, it's a moral statement. It can only be wrong in the sense that somebody can disagree with me.

Robyn Williams: Yes, but various people are dependent at the moment on treatment that they are getting from doctors and surely the statements that you make will make them question the sort of treatment they are getting and that might—if you're wrong—destroy some of the slim chances or the good chances that many of them have of getting better.

Thomas Szasz: That is true if I'm wrong, but supposing I'm right, if I'm right it might give people a chance to reorganise their lives on the basis of which it is wrong not on some false basis by relying on psychiatrists or drugs—that is on the basis of the actual personal, human problems which they have.

Natasha Mitchell: Thomas Szasz in 1977, his last extended conversation with the ABC, I think. So in the month of his 89th birthday he joins me again, picking up from last week on the libertarian roots of his controversial argument against the existence of mental illness and his belief that the theocratic state has been replaced with what he calls the therapeutic state of the 21st century. We are he argues living under the rule of a state-led pharmacocracy.

Thomas Szasz, with the Church of Scientology you co-founded what's called the Citizens Commission on Human Rights in 1969. Now most of us in the media have received their pretty gothic and apocalyptic looking pamphlets over the years and I wonder why it is that you remain on the board of advisers—I think you are, as founding commissioner—when you've made it clear that you don't personally identify as a Scientologist, in fact you also have resisted the description of anti-psychiatrist for yourself.

Thomas Szasz: Well I got affiliated with an organisation long after I was established as a critic of psychiatry, called Citizens Commission for Human Rights, because they were then the only organisation and they still are the only organisation who had money and had some access to lawyers and were active in trying to free mental patients who were incarcerated in mental hospitals with whom there was nothing wrong, who had committed no crimes, who wanted to get out of the hospital. And that to me was a very worthwhile cause; it's still a very worthwhile cause. I no more believe in their religion or their beliefs than I believe in the beliefs of any other religion. I am an atheist, I don't believe in Christianity, in Judaism, in Islam, in Buddhism and I don't believe in Scientology. I have nothing to do with Scientology.

Natasha Mitchell: You refer to them having a lot of money, I guess with money comes power, and here is one of your great concerns: the misuse of power.

Thomas Szasz: Power is essential because actually people who have power don't get into mental hospitals.

Natasha Mitchell: Would you describe yourself as an anti-psychiatrist?

Thomas Szasz: Of course not. Anti-psychiatrist sounds like anti-Semitic, or anti-Christian or even anti-religion. I'm not anti-religion, I just don't believe in it, anybody who wants to have their religion is fine, anybody who wants to go to a psychiatrist is fine. Anyone who wants

to take psychiatric drugs is fine with me. That's why 'anti-psychiatrists' is completely inaccurate, I'm no more anti-psychiatry than pro-psychiatry. I am for freedom and responsibility. See, my website is called Cyber Centre for Responsibility and Liberty, in that order. Responsibility comes first. Children, we hold children responsible long before we give them liberty, and that's how it ought to be in life. People ought to be responsible for themselves and if they are not they should reap the consequences of it. I don't necessarily mean that you should be sadistic to them or punish them, but they should suffer the consequences. If a person becomes addicted to drugs he should suffer the consequences of that drug because nobody made him take the drug.

Natasha Mitchell: Well, social circumstances can lead people to taking drugs.

Thomas Szasz: Indeed, and people's circumstances may lead to a bad marriage and they suffer in the marriage; it's their job to get out of it. And it's no picnic. I speak from experience.

Natasha Mitchell: Just talking about social power and this idea of the therapeutic state that you argue exists—in fact you rail against any form of state assistance, direction or intervention in healthcare. And yet, on the other hand, you also lament the corporate complex that managed care has become in the USA and I wonder if this is a confused form of extreme libertarianism at play here?

Thomas Szasz: It is an extreme form of libertarianism but I hope it's not confused. I am very wary of the mixing of medicine—especially psychiatry—with the state, because in classic Anglo-American tradition I've used a state as an instrument of power and violence and not as an instrument of doing good. Now George Washington said something like beware of the government because the government is not reason, it is violence. And that after all is a political concept of the state, the state is an instrument of power, it is what wages war in Afghanistan or Iran or Iraq or wherever.

Natasha Mitchell: It is also what delivers public healthcare in many countries, some better than others I might add.

Thomas Szasz: That's correct. Now obviously the state is an extremely powerful apparatus, it is not all bad, it delivers a law itself, I'm not an anarchist, the legal system is a part of the state but the legal system safeguards against itself. In the American, in the English tradition now, those are the safeguards which are immediately removed into totalitarian states as they have been in Soviet Russia, in Nazi Germany, and as they are being removed in Western Europe and throughout the western world. They are gradually being dismantled, those liberties, essentially through healthcare. How many people are getting healthcare against their will now?

Natasha Mitchell: Well I wonder whether you're overstating how many people are receiving healthcare against their will. I mean you think that suicide prevention and healthcare regulation and school psychology programs and addiction treatment programs are all pharmacratic regulations and coercive controls.

Thomas Szasz: Well I consider everything coercive which if you left a person alone he wouldn't do it. I have less problem here with children, although that's a big problem too, I consider public schooling a form of imprisonment: the child has to go there. That was true in Hungary too when I grew up there, it's nothing new, but childhood was always a form of quasi imprisonment; at 18 you were liberated and you were then free and responsible. Now this is really all I'm talking about, including healthcare. The idea that the state should deliver health whether you like it or not is a very scary idea: it scares me, it scares a lot of people but not everyone.

Natasha Mitchell: Thomas Szasz, you've been described as the moral philosopher of psychiatry and in fact you name your foremost teachers as being some great philosophers of history: Carl Popper, Friedrich von Hayek, John Stuart Mill—and I wonder, in thinking about those fellows, is libertarianism at the heart of your teacher-student connection with them? And in fact you had personal correspondence with Carl Popper in his 80s.

Thomas Szasz: And with Bertrand Russell, too, who was not a libertarian exactly—that's correct, but it's not true. Because it's simpler and more modest, I mean who are the people on whose shoulders this man stood. John Stuart Mill certainly is one of my heroes.

Natasha Mitchell: He railed against the tyranny of the majority; he was a great promulgator of social liberties.

Thomas Szasz: He was a great libertarian, so were many artists at about the same time, a little later maybe, like Henrik Ibsen talked about the compact majority is always wrong, that's a classic quote from Ibsen. So no, this goes back to the Magna Carta if you like, this is a fundamental concept of Anglo Saxon, Anglo American liberty, liberty from oppression, not liberty to get goods from the state. This goes way before the libertarians. I mean this is a very simple concept that is power which has to regulate things. Essentially this is a derivative of the idea of God. I mean people, except in some very desperate cases, people by and large—the great Protestant saying is 'God helps those who help themselves'.

Only in primitive times that people prayed for rain or people prayed for a better harvest or this or that. and they learned agriculture, they learned how to help themselves. I see the great danger in pharmacracy as a system that undermines self help, it's really an Orwellian view, this is a view that more and more people should be dependent on the state and therefore loyal servants of Stalin, Hitler whoever; Roosevelt, Obama, you name it.

Natasha Mitchell: Well in fact in the last 20 years many people place you at the centre of the reason for this. We've seen a massive deinstitutionalisation of mental hospitals, of psychiatric institutions, people are much more embedded in the wider community than they

were—with difficult outcomes in some cases.

Thomas Szasz: That's correct too, as you correctly pointed out, my views can be adopted and used or misused by both right-wing and left-wing, libertarians and anti-libertarians. The deinstitutionalisation so-called is much more complicated than it appears in the press, because it is not simply that people who are in mental hospitals are let out and left alone or perhaps given money to live if they are very poor, but they were then taken in hand and put in other institutions which were called group homes and were involuntarily drugged. This is a huge industry, the social workers, the psychologists go to these places and check on people whether or not they are taking their drugs, and if they don't take their drugs then they are forced to take the drugs. So this is not at all what I was talking about.

Natasha Mitchell: Though many people's lives have been improved by the multitude of medications, psychotropic medications.

Thomas Szasz: That's correct, I have no objection to them, if people want to take them. See that's where my view becomes so controversial because I also believe people should be able to take opium if they want to, or cocaine, or marijuana, or smoke cigarettes. People should be able to do with themselves what they want unless they injure other people in their life, liberty or property. Of course this whole pharmacratic system is held together by the fact that if *you* smoke and get lung cancer, *I* have to pay for it, and with this rule, with this understanding, we are off to the races, we are off to essentially a totalitarian kind of system where everybody minds everybody else's business and nobody minds his own business.

Natasha Mitchell: Well on ABC Radio National's *All in the Mind*, going global on Radio Australia and online, Natasha Mitchell with you and my guest this week is eminent psychiatrist Thomas Szasz, author of the famous book *The Myth of Mental Illness* published in 1961. Thomas Szasz, let's come to your own therapeutic practice. You've described mental illness as, in a sense, problems of living, and I wonder how you work therapeutically then with *your* clients, if that's what you call them?

Thomas Szasz: Yes, the way I work with them is essentially the way we conversed for the last hour. Somebody would call me and say I have a problem, and I would talk on the phone before making an appointment. What is your problem? And they would tell me whatever it is—they want to get married, they want to get divorced, you know, the usual problems of life. I would say okay, we'll make an appointment. And I would ask the person, how can I help you? Then we'd have a discussion. It used to be called counselling, I mean what did people go to ministers and rabbis for thousands of years—to talk about their lives.

Natasha Mitchell: But what gives you particular primacy as a person to talk to?

Thomas Szasz: Well I was the first one to make it clear to them that this is not a professional relationship in the sense that I know something which other people don't know. I was not talking to them in my capacity as a doctor, or as a psychiatrist, and I was not talking to them in their capacity as patients. But I wrote a book called *The Myth of Psychotherapy* also, there's no such thing either.

Natasha Mitchell: What do you do in your consulting rooms if it's not called psychotherapy?

Thomas Szasz: It's what we are doing, it's a most important thing in human life, listening to someone seriously and talking to someone seriously.

Natasha Mitchell: But you also claim...

Thomas Szasz: This is most important, if you don't get this then you go crazy, it's called being on a life-raft, your sensory deprivation, then you start talking to yourself and then psychiatrists come in and call it hallucination. That to me proves that being talked to is the most important thing. Why do people go to church? To talk to God, because they have no one else to talk to, no one will listen to them. These very simple things are becoming very scarce in the modern world.

Natasha Mitchell: If someone is in the thick of a psychotic episode, though, is talking going to help?

Thomas Szasz: I can only give a very unsatisfactory answer to this, which is if someone is in the midst of a psychotic episode so-called, then by definition he or she does not call up a psychiatrist and make an appointment. Again these typically psychiatric challenges are their own answers: psychosis means that the person is 'not in touch with reality', which means he's living in his own reality. That's correct, he has fled to that reality, he is not taking care of himself.

Natasha Mitchell: How as a psychiatrist would you see your role, as in penetrating that reality?

Thomas Szasz: I have never tried to play that role, okay? Now, some people have, with more or less success. That's a very, very good question because that person has found a solution for his problem, where in effect he tells—by non-verbal communication, by the way in which he lives—in effect he tells society: take care of me. This typical patient does not object to anything, the police can come, a doctor can come and can take him to a building and he can then be told to do X, be given food, he can eat it—if he doesn't eat it, go to sleep. He can then be taken care of like a newborn baby. Now this has actually been tried. This is in some ways how electric shock treatment was discovered, I don't know if you have read that episode in one of my books. But the way electric shock treatment was discovered, that electric shock was tried out on pigs in slaughterhouses to see how it works, this was in Rome.

The psychiatrists found, the police found, a person was wandering aimlessly in the railroad station, he was from some other city and they didn't know what to do with him and they took him to a mental hospital, naturally, and then the person who worked the electric

shock at that time, a man named Cerletti, an Italian psychiatrist, got hold of this patient and said okay, a perfect patient, a schizophrenic. I will try electric shock on him. They gave him an electric shock, the patient sat up and said, 'Doctor, never again,' in perfectly good Italian, at which point he was shocked again and again. So these people are not dead, they know what they don't want, they know when they are hurt, they know when they are helped. Life has been too difficult for them, they have somehow gotten out of life without killing themselves.

Natasha Mitchell: So you are pointing strongly to the agency of people with mental illness or diagnosed with mental illness.

Thomas Szasz: We are taking about agency, these people are not dead, they are not children, they may act like children, they may act helpless, but they know perfectly well what they don't want. And, by the way, many people who are supposed psychotic in this kind of a state. once they recover somewhat or sufficiently, the next thing they do is kill themselves. Now this is part of classic psychiatric literature, especially the depressed patients who withdraw. When they stop withdrawing, then they kill themselves. Now this happens time and again. There are lots of such patients in literature: Ernest Hemingway was hospitalised against his will and given electric shock, and once he was restored to liberty, once he was cured of his depression (I'm being sarcastic), then he killed himself.

Natasha Mitchell: Well what does that suggest to you?

Thomas Szasz: That life is no picnic. It's very hard to get through life from zero to whatever, to 90, without ending up in prison, or a mental hospital, or some terrible place. Not everybody can make a go of life, like everybody can't play tennis, or ski, or play music—living life competently is a task, a very difficult task.

Natasha Mitchell: In saying this, though, people are going to think that you are blaming them for their suffering, and I guess the last 20 years has been spent trying to encourage people to reach out and see their suffering as something that can be genuinely helped or treated.

Thomas Szasz: I'm all for that, I'm all for that. Natasha, look at the terms you use: 'reach out'. Reach out is fine, reach in is not so fine.

Natasha Mitchell: Well you take task with the word 'treatment'.

Thomas Szasz: And how! You treat leather, you treat things; you don't treat human beings as though they were objects. You see this is one of the differences in medicine and psychiatry. In medicine you want to be treated as an object. If I go to a cardiologist or some other doctor or orthopaedic I want him to fix my bones or my heart, I don't want to talk to him about my life. I don't want him to get into my soul—see that's another term we haven't used. Psychiatry is the 'curer of souls' it was called in the religion—that's a correct term. The soul is another metaphor which we have replaced with the word 'mind'. Before there was mind there was soul, and in fact in German the term for mental illness is still *Seelenkrankheit*, 'soul illness' in contemporary German, that's one of the terms for mental illness.

Natasha Mitchell: Thomas Szasz, a final question, how do you reflect on the years since you published that first edition of *The Myth of Mental Illness* in 1961? You've received a lot of constructive critique over the years, most recently in fact in a whole collection of essays called *Szasz Under Fire*, which you responded to, each of those essays—and yet your views, the descriptions you use seem to be fairly set. Have you changed your mind over anything specific over the years that particularly stands out?

Thomas Szasz: The simple answer is no. Now of course I have changed my views on lots of things in life. I have not changed my view on the difference between a broken bone, a broken heart and heart attack: these are different categories of phenomena. I have not changed my mind because I think there was nothing to change my mind about. In so far as psychiatrists—you see you are touching on a very interesting point—the central claim now of psychiatrists, the 21st century psychiatrists, is that we are having all these chemical tests, electrical tests and PET scans, and they are now showing that mental illness is a brain disease.

Natasha Mitchell: Yes, so there is a lot of effort in fields like genetics, neuroscience, neuropsychiatry, to really probe the biological underpinnings of psychiatric illnesses.

Thomas Szasz: Well let's make it clear: so mental illness is a brain disease. Well assuming that you have proved that, what you have proved is it's another brain disease. You can't prove it's a mental illness because that's a contradiction of terms. See I don't deny the existence of brain diseases, I don't deny the existence of neurology, neurosurgery. If you have a brain tumour, if you have epilepsy, if you have Parkinson's disease, if you have multiple sclerosis, then you have diseases of the nervous system, of the brain. What has this got to do with believing that God talks to you or that you talk to God?

Natasha Mitchell: Well you might consider it then as a disease of behaviour, that's the way it might be construed as it is?

Thomas Szasz: But behaviour is behaviour. The body can be diseased without behaving. You can have asymptomatic hypertension or leukaemia which shows—there's no behaviour; your behaviour is perfectly normal. We are jumping back and forth between behaviour, between language and disease as a physical phenomenon.

Natasha Mitchell: Well back to this point of have you changed your mind over anything—is there something you have changed your mind about?

Thomas Szasz: Well, I changed my mind about all those things about which the world itself has changed. Of course. The world was a

very different place when I was young than what it is now. America was a completely different country when I came here in 1938, which is 71 years ago, a completely different country.

Natasha Mitchell: But I gather you see *The Myth of Mental Illness* is as ever relevant, perhaps more so, than it was when it was published in '61.

Thomas Szasz: Oh, I think it's much more relevant and much more irrelevant in that people are not interested in hearing this point of view. See, then it was widely reviewed and it was a semi-popular book, it was taken seriously; now it's not. Now it's dismissed. We now know that we have PET scans and we have this and we have that, and it's all brain diseases.

The concept has become so essential to modern society that millions of people are living on mental illness disability; I mean there are whole mental health lobbies, mental patient lobbies who say there is no mental illness but they are collecting money for mental health disability. It's so much a part of the law, you see it would be difficult to administer the law tomorrow if there was no mental illness. So this is no simple matter: mental illness could no more be abolished tomorrow morning than religion could be abolished in the Vatican—what would it be then, a bunch of beautiful buildings? This is part of what our society is.

Natasha Mitchell: Well, Thomas Szasz, provocative as ever, as engaging as I expected, and I must say happy 89th birthday for just next week.

Thomas Szasz: Thank you very much.

Natasha Mitchell: Thanks for joining us on *All in the Mind* on ABC Radio National from New York this week.

Thomas Szasz: Thank you, you are much better informed than most people I talk to.

Natasha Mitchell: Emeritus Professor Thomas Szasz joining me from Syracuse, New York. He is of course the name behind the famous book *The Myth of Mental Illness*, and many since. Now you can catch the audio and transcripts of the first half of this interview from last week if you missed it on the *All in the Mind* website and that's where you'll find a link to the *All in the Mind* blog too. I'm very keen for your comments on Thomas Szasz's ideas—as lots of you have already shared via email or added to the blog. Do check out that vast array of comments on the blog and add to them. Next week two clinical psychiatrists respond: both have written much on the ethical and philosophical debates in their profession and I think you'll be interested in the subtlety and depth of their response. Not to be missed. My thanks to producer Anita Barraud, studio engineer Angie Grant. I'm Natasha Mitchell, cheerio for now.

Guests

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Publications

Title Coercion As Cure: A Critical History of Psychiatry

Author Thomas S. Szasz

Publisher Transaction Publishers, 2007

Title Psychiatry: The Science of Lies

Author Thomas Szasz

Publisher Syracuse University Press, 2008

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Author Edited by Jeffrey A Schaler

Publisher 2004

Description Contributors include Thomas Szasz, R.R Kendell, K.W.M Fulford, Ray Scott

Percival, Ralph Slovenco, Stanton Peele, Rita J. Simon, E. James Lieberman,

Margaret A. Hagen, Margaret P. Battin and Ryan Spelley, Richard Bentall,

Ronald Pies, H. Tristam Engelhardt, Jr.

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Author Thomas Szasz

Publisher Syracuse University Press, 2007

Description ISBN-13 978-0-8156-0867-7

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Author Thomas S. Szasz

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Description This became the basis of Thomas Szasz's book of the same title, published the

year later.

TitleThe Myth of Mental Illness: Foundations of a Theory of Personal Conduct

AuthorThomas Szasz

Publisher1984 Harper Perennial (Revised edition), first published 1961.

TitleThe Myth of Psychotherapy

AuthorThomas Szasz

PublisherSyracuse University Press, 1988.

DescriptionISBN-10: 0815602235

Further Information

Comment on Professor Szasz's interview and ideas - join Natasha Mitchell in the All in the Mind blog

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pseudonym if you choose. Scroll down to the end of the list of comments

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